



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8318

SERIAL NUMBER 09/217,469	FILING DATE 12/21/1998  RULE	CLASS 219	GROUP ART UNIT 3742	ATTORNEY DOCKET NO.
-----------------------------	---------------------------------------	--------------	------------------------	------------------------

APPLICANTS

MIKHAIL ZAYDMAN, BROOKLYN, NY;

\*\* CONTINUING DATA \*\*\*\*\*

*out* This application is a REI of 08/258,732 06/13/1994 PAT 5,599,471

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/01/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 15	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 9
--	---	---------------------------	-------------------------	-----------------------	----------------------------

ADDRESS

Mr. Mikhail Zaydman  
 3029 Brighton 12 Street, Apt. C7  
 Brooklyn , NY  
 11235

TITLE

COMPACT OVEN

FILING FEE  RECEIVED 974	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8318

<b>SERIAL NUMBER</b> 09/217,469	<b>FILING DATE</b> 12/21/1998 <b>RULE</b>	<b>CLASS</b> 219	<b>GROUP ART UNIT</b> 3742	<b>ATTORNEY DOCKET NO.</b>
------------------------------------	---	---------------------	-------------------------------	--------------------------------

## APPLICANTS

MIKHAIL ZAYDMAN, BROOKLYN, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A REI OF 08/258,732 06/13/1994 PAT 5,599,471

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/01/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 9
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

MIKHAIL ZAYDMAN  
3029 BRIGHTON 12 STREET  
APT C7  
BROOKLYN , NY 11235

## TITLE

COMPACT OVEN

<b>FILING FEE RECEIVED</b> 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/217,469	12/21/98	219	3742	

APPLICANT

MIKHAIL ZAYDMAN, BROOKLYN, NY.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

COB (new)

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

COB (new) -

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

COB (new)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/01/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 15	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 9
Verified and Acknowledged <u>COB</u> Examiner's Initials		Initials			

ADDRESS

MIKHAIL ZAYDMAN  
3029 BRIGHTON 12 STREET  
APT C7  
BROOKLYN NY 11235

TITLE

COMPACT OVEN

FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$493		